

12-20-01

A

Please type a plus sign (+) inside this box → PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.	069349.0120
		First Inventor or Application Identifier	Marcus B. Gohlke
		Title	Compositions Comprising Beta Glucan
		Express Mail Label No.	EL905241365US

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>		5. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification [Total Pages 24] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure 		6. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ol style="list-style-type: none"> <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Paper Copy (identical to computer copy) <input type="checkbox"/> Statement verifying identity of above copies 	
ACCOMPANYING APPLICATION PARTS			
7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> <input type="checkbox"/> Attorney 9. <input type="checkbox"/> English Translation Document (<i>if applicable</i>) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS <i>Statement (IDS)/PTO-1449</i> <input type="checkbox"/> Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 13. <input checked="" type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, <i>(PTO/SB/09-12)</i> <input type="checkbox"/> Status still proper and desired 14. <input type="checkbox"/> Statement(s) <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 15. <input type="checkbox"/> Other:			
NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).			

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

 Continuation Divisional Continuation-in-part (CIP) of prior application No: _____

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)			or <input checked="" type="checkbox"/> Correspondence address below	
Name	R. William Beard, Jr.				
Address	Baker Botts L.L.P. 910 Louisiana Street				
City	Houston	State	Texas	Zip Code	77002-4995
Country		Telephone	713-229-1176	Fax	713-229-7876

Name (Print/Type)	R. William Beard, Jr.	Registration No. (Attorney/Agent)	39,903
Signature	William Beard		Date 12/13/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 700.00)

Complete if Known

Application Number	
Filing Date	December 13, 2001
First Named Inventor	Marcus B. Gohlke
Examiner Name	
Group Art Unit	
Attorney Docket No.	068349.0120

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:
 Deposit Account Number

 Deposit Account Name

 Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

 Applicant claims small entity status.
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	<input type="text" value="370.00"/>
106	320	206	160	Design filing fee	<input type="text"/>
107	490	207	245	Plant filing fee	<input type="text"/>
108	710	208	355	Reissue filing fee	<input type="text"/>
114	150	214	75	Provisional filing fee	<input type="text"/>

SUBTOTAL (1) (\$ 370.00)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
24	-20** = 4	x 9.00	= <input type="text" value="36.00"/>
Independent Claims	10	- 3** = 7	x 42.00 = <input type="text" value="294."/>
Multiple Dependent			<input type="text"/>

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 330.00)

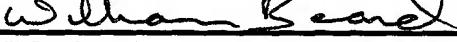
*or number previously paid, if greater. For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	<input type="text"/>
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	<input type="text"/>
139	130	139	130	Non-English specification	<input type="text"/>
147	2,520	147	2,520	For filing a request for ex parte reexamination	<input type="text"/>
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	<input type="text"/>
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	<input type="text"/>
115	110	215	55	Extension for reply within first month	<input type="text"/>
116	390	216	195	Extension for reply within second month	<input type="text"/>
117	890	217	445	Extension for reply within third month	<input type="text"/>
118	1,390	218	695	Extension for reply within fourth month	<input type="text"/>
128	1,890	228	945	Extension for reply within fifth month	<input type="text"/>
119	310	219	155	Notice of Appeal	<input type="text"/>
120	310	220	155	Filing a brief in support of an appeal	<input type="text"/>
121	270	221	135	Request for oral hearing	<input type="text"/>
138	1,510	138	1,510	Petition to institute a public use proceeding	<input type="text"/>
140	110	240	55	Petition to revive - unavoidable	<input type="text"/>
141	1,240	241	620	Petition to revive - unintentional	<input type="text"/>
142	1,240	242	620	Utility issue fee (or reissue)	<input type="text"/>
143	440	243	220	Design issue fee	<input type="text"/>
144	600	244	300	Plant issue fee	<input type="text"/>
122	130	122	130	Petitions to the Commissioner	<input type="text"/>
123	50	123	50	Processing fee under 37 CFR 1.17(q)	<input type="text"/>
126	180	126	180	Submission of Information Disclosure Stmt	<input type="text"/>
581	40	581	40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="text"/>
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="text"/>
179	710	279	355	Request for Continued Examination (RCE)	<input type="text"/>
169	900	169	900	Request for expedited examination of a design application	<input type="text"/>
Other fee (specify) _____					<input type="text"/>

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ -0-

SUBMITTED BY

Name (Print/Type)	R. William Beard, Jr.	Registration No. (Attorney/Agent)	39,903	Complete (if applicable)
Signature		Date	December 13, 2001	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.